



Colon Cancer Screening: Provider Ordering-Patient Refusal

Polly A. Baird, William Holzemer, Catherine Waters

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Mass screening for colorectal cancer (CRC) and removal of precursor lesions dramatically reduces both incidence and mortality from CRC. Most of the eligible U.S. population has not been screened. Disparity of screening exists within populations across the domains of race/ethnicity, gender and age. This research describes the patients eligible for colorectal cancer screening and the practice of provider ordering and patient refusal of colorectal cancer screening in one Veteran's Affairs Healthcare setting (VA). This is a descriptive cross sectional study utilizing secondary analysis of data from VA electronic medical record system. 4,315 men and women aged 50 years and older eligible for screening between 2004 - 2005.

Independent variables: demographic characteristics age, gender, race. Dependent variables: provider order, type of screening, screening not indicated, patient refusal of screening. Conclusions: Providers determined screening was not indicated primarily due to patient chronic health problems. A significant number of patients refused provider recommendations for screening. The reasons for patient refusal are unclear. Young black men refused more than any other group.



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